

TAU HOUSE

ALPHA EPSILON PHI

Tau Chapter Co-Educational Fraternity

2401 PIEDMONT AVENUE
BERKELEY, CALIFORNIA 94704
manager@tauhouse.com

TEL: 510-848-0679
FAX: 510-528-5167
www.tauhouse.com

General Information and Prices

Tau House provides **18 meals a week, furnished rooms**, daily maid service in the common areas, use of recreation and study rooms, laundry facilities and decks with views of Berkeley and San Francisco. Linens, sheets, pillow and towels are included. In every room, each student has his/her own desk, chair, bed, dresser space and closet. There is a computer room and wireless internet service is available. Tau House is a security building located in walking distance of the University of California campus and public transportation.

Fees include membership, social and fraternal activities in addition to housing. Tau House is for Alpha Epsilon Phi (Tau Chapter) Fraternity members only. Members must be students who are enrolled in programs at the University of California at Berkeley, University of California Berkeley Extension, and any other local accredited college or language school for international students.

MEMBERSHIP FEES August 15, 2011 – May 12, 2012

	Triple	Double	Single
4 weeks	\$1,500	\$1,800	\$2,200
6 weeks	\$2,250	\$2,700	\$3,300
8 weeks	\$3,000	\$3,600	\$4,400
10 weeks	\$3,750	\$4,500	\$5,500
12 weeks	\$4,500	\$5,400	\$6,600

All prices in US\$. Single rooms on availability only.

For other durations, please contact the manager of Tau House: manager@tauhouse.com.

How To Apply To Tau House of Alpha Epsilon Phi:

Fax Application Form to 510-528-5167 or email to manager@tauhouse.com. Send **\$200*** (two hundred U. S. dollars) deposit along with a copy of your application form. ***This deposit is refundable when you leave Tau House. The housing deposit is not refundable if you cancel within 4 weeks of the start of your course.** The money may be paid by check drawn on a US bank, travelers checks, cash, credit card, or by bank wire.

TAU HOUSE of ALPHA EPSILON PHI
International Student Application Form

Last Name: _____ First Name: _____

Permanent Address: _____

City: _____ State: _____ Postal Code _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Sex: Male Female Date of Birth: _____

Class Level: Freshman Sophomore Junior Senior Graduate _____

Session Dates: _____

Arrival Date: _____

To be contacted in case of emergency: (parents, legal guardians)

Name: _____ Relationship: _____

Address: _____ City: _____

Postal Code: _____ State: _____ Country: _____

Phone: _____ Work Phone: _____ Fax: _____

Rooming Preference Triple Double Single

Room Preference, if any 1) _____ 2) _____ 3) _____ 4) _____

Roommate Preference, if any: 1) _____ 2) _____ 3) _____

Parking Desired? Yes No

Name of person (s) who recommended Tau House: _____

New Applicants: In the space below or on another sheet of a paper, write a few sentences about yourself and your interests.

Instructions: Return the completed application form and **\$200 deposit**. * Tau house accepts Visa & MasterCard, travelers checks, cash & checks drawn on US banks If paying by credit card mail, fax the information to 1-510-528-5167 or email: manager@tauhouse.com. If paying by check, make check payable to Tau House. You may mail the application form and check to :

Ann Bettelheim;
1563 Solano Ave; PMB 194;
Berkeley, CA 94707-2116 USA

*** Your deposit is refundable, if you cancel your reservation at least 4 weeks prior to the start of your course**

Payment Form for Tau House:

If you wish to pay for Tau House do **NOT** send the application fee or payments to the University of California or any other school you might be attending. Please make your payment by travelers' checks, cash, credit card, International money order or by a check drawn on a U.S. Bank.

1. Payment by Check

Checks should be made out to: **Tau House or Ann Bettelheim**

Mail Checks to:

**Ann Bettelheim
PMB #194
1563 Solano Avenue,
Berkeley, Ca 94707 - 2116**

2. Payment by credit card (Visa or Master Card only)

you may fax the completed form to (510) 528-5167 or mail the form to the address listed above for mailing checks.

Student's Name: _____ **Session**
Dates: _____

Amount to be charged to credit card \$ _____
[]Master Card []Visa

Credit Card Number: _____ Expiration Date: _____

Card Verification No: _____ (final 3 digits printed on back of card)

Card Holder's Name: _____

Card Holders Address: _____
Number Street

City State Country zip

Card Holder's Signature: _____ Date: _____

Card Holder's Phone Number: _____ Email: _____

I understand that any remaining unpaid balance or subsequent charges (i.e. lost keys, damages, remaining house charges, guest meal charges, fines and termination fees) will be charged to this credit cards. I hear by authorize the use of the credit card number entered above to cover outstanding money owed.

Cardholder Signature: _____ **Date:** _____